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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	CAV001.0002
First Named Inventor	Long, Palmer, Jr.
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Art Unit	
Examiner Name	

**I hereby declare that:**

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Velocity induced catalyed cavitation process for treatment and conditioning of fluids

(Title of the Invention)

the specification of which

 is attached hereto**OR** was filed on (MM/DD/YYYY)  as United States Application Number or PCT InternationalApplication Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? Yes	Certified Copy Attached? No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

 Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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## DECLARATION — Utility or Design Patent Application

Direct all correspondence to:  Customer Number: 34487      OR     Correspondence address below

Name

Address

City

State

ZIP

Country

Telephone

Fax

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
---------------------------------	---

Given Name (first and middle [if any]) Palmer	Family Name or Surname Long, Jr
--	------------------------------------

Inventor's Signature 	Date 11/19/03
---	---------------

Residence: City Shreveport	State Louisiana	Country USA	Citizenship USA
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Mailing Address 2140 S. Columbia			
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City Tulsa	State Oklahoma	ZIP 74135	Country USA
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NAME OF SECOND INVENTOR:	<input type="checkbox"/> A petition has been filed for this unsigned inventor
--------------------------	---

Given Name (first and middle [if any]) Jim	Family Name or Surname Gregath
---	-----------------------------------

Inventor's Signature 	Date 11/19/03
--	---------------

Residence: City Oklahoma City	State Oklahoma	Country USA	Citizenship USA
----------------------------------	-------------------	----------------	--------------------

Mailing Address 818 NW 63rd Street Suite 100 12004 MAPLE RIDGE ROAD			
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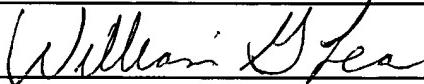
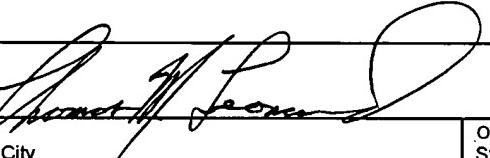
City Oklahoma City	State Oklahoma	ZIP 73116-73120	Country USA
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<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.
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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**

Page \_\_\_\_\_ of \_\_\_\_\_

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
David D.		Leavitt		
Inventor's Signature 				Date 11-14-03
Broken Arrow Residence: City 415 S. Boston, Ste 711 Mailing Address	Oklahoma State	USA Country	USA Citizenship	
Mailing Address				
Tulsa City	Oklahoma State	74103 Zip	USA Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
William G.		Lea		
Inventor's Signature 	Date Nov 14 03			
Tulsa Residence: City 415 S. Boston, Ste 700 Mailing Address	Oklahoma State	USA Country	Citizenship	
Mailing Address				
Tulsa City	Oklahoma State	74103 Zip	USA Country	
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle (if any)		Family Name or Surname		
Thomas M.		Leonard		
Inventor's Signature 	Date 11/19/03			
Tulsa Residence: City 4145 E. 35th Place Mailing Address	Oklahoma State	USA Country	USA Citizenship	
Mailing Address				
Tulsa City	Oklahoma State	74135 Zip	USA Country	

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**POWER OF ATTORNEY  
and  
CORRESPONDENCE ADDRESS  
INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Palmer Long, Jr.
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	

I hereby appoint:

 Practitioners associated with the Customer Number:

34487

OR

 Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

 The address associated with the above-mentioned Customer Number:

OR

 The address associated with Customer Number:

OR

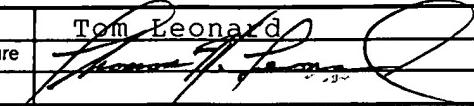
<input type="checkbox"/>	Firm or Individual Name	
<input type="checkbox"/>	Address	
<input type="checkbox"/>	Address	
<input type="checkbox"/>	City	State
<input type="checkbox"/>	Country	Zip
<input type="checkbox"/>	Telephone	Fax

I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Name	Tom Leonard
Signature	
Date	
	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

 \*Total of 5 forms are submitted.

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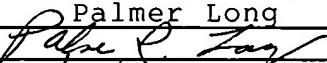
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<input type="checkbox"/>	Firm or Individual Name			
Address				
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Telephone		Fax		

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Palmer Long		
Signature			
Date	11/19/03	Telephone	318-865-7275

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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## SIGNATURE of Applicant or Assignee of Record

Name	David Leavitt		
Signature	<i>David Leavitt</i>		
Date	11-24-03	Telephone	918 607 9205

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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<input type="checkbox"/>	Country		
<input type="checkbox"/>	Telephone	Fax	

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	William Lea	
Signature	<i>William Lea</i>	
Date	<i>NOV 17 03</i>	Telephone

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

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Attorney Docket Number	

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OR

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<input type="checkbox"/>	Firm or Individual Name			
Address				
Address				
City		State		Zip
Country				
Telephone		Fax		

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*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	Jim Gregath		
Signature	<i>James R. Gregath</i>		
Date	Nov 19, 2003	Telephone	405-751-4169

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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